

**New Inpatient Building (NIB) Community Advisory Committee  
Meeting Minutes  
Tuesday, October 22, 2019, 5:00 PM – 7:00 PM  
BIDMC East Campus  
Leventhal Conference Room, Shapiro Building**

**Present:** Elizabeth (Liz) Browne, Lauren Gabovitch, Richard Giordano, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Jane Powers, Luis Prado, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, LaShonda Walker-Robinson, and Fred Wang

**Absent:** Tina Chery, Theresa Lee, Edna Rivera-Carrasco

**Guests:** Carrie Jones, John Snow, Inc. (JSI), Coordinator; Aisha Moore, JSI, Facilitator; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate

**Public:** Several community members attended.

**Welcome**

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and asked for volunteers to share why they are involved in the Community Advisory Committee (Advisory Committee).

Holly Oh, Chief Medical Officer at The Dimock Center, spoke about a woman she recently saw in the Pediatric Clinic. The woman had previously struggled with drug addiction and received treatment at The Dimock Center. While undergoing treatment, she found out she was pregnant. Holly was happy to report that the baby was born drug free and healthy and the mom is now employed. Holly explained that through The Dimock Center's work, both the mother and the baby's lives were saved.

Jerry Rubin, President and Chief Executive Officer at Jewish Vocational Services Inc. (JVS), shared that JVS' most recent programming data shows the average earning of a pharmacy technician without a college degree increased 60%, to an average of \$17 per hour. He is proud that JVS is changing lives. Joanne Pokaski, Director of Workforce Development and Community Relations at BIDMC, echoed Jerry's comments about the impact JVS is having on the community by providing an example of how JVS helped stabilize a person in their pipeline program who was having housing difficulties, and now BIDMC is planning to hire that individual.

The minutes from the September 24<sup>th</sup> Advisory Committee meeting were reviewed and accepted.

### **Public Comment Period**

There were no oral or written public comments shared during this meeting.

### **Evaluation Survey Results**

At the September 24<sup>th</sup> Advisory Committee Meeting, Advisory Committee members participated in a voluntary and anonymous survey to evaluate the Advisory Committee's process. The survey was also shared electronically with Advisory Committee members not in attendance. Valerie Polletta, the Associate Director of Research and Evaluation from Health Resources in Action (HRiA), shared the results of the survey with the Advisory Committee. The survey was completed by 95% of Advisory Committee members. Valerie reviewed the characteristics of the Advisory Committee and highlighted that 70% of individuals identified as female, 50% identified as White, 14.3% identified as Hispanic or Latino, 14.3% identified as Asian, 14.3% identified as multiple races, and 7.1% identified as Black or African American. Valerie then shared that BIDMC's Community Benefits Service Area was represented by a person either working or living in that area. The only neighborhood not represented in the responses was Chinatown. However, Valerie explained that she feels the responses did not accurately capture the outreach and community engagement BIDMC and the Advisory Committee had done in Chinatown.

Valerie then shared that there was a high level of satisfaction among the Advisory Committee related to the Advisory Committee meeting process, community engagement process, and prioritization process. One area Valerie highlighted is that some members did not feel the Advisory Committee meetings lasted an appropriate amount of time. The Advisory Committee began an open discussion and one member mentioned that the aggressive timeline added pressure to the Advisory Committee. Others agreed, and discussed the option of longer meetings but also understood that it may not have added value to discussions. Nancy explained that an extension to the timeline was negotiated with the Department of Public Health to help reduce the stress of this process. In an effort to create a participatory process, BIDMC sought advice on how to conduct aspects of the meeting. One member felt this took up time, and suggested that BIDMC decides on the strategy, communicates it to the Advisory Committee, and follows it.

Valerie then asked if members had any additional comments. One member mentioned that they have felt comfortable throughout the process but trying to compare priority areas was difficult because all of the priorities are important. Others felt that it was hard to choose priorities because each neighborhood has different needs. Nancy agreed that it was challenging to balance the needs of each neighborhood while staying within the timeline. The Healthy Neighborhoods priority area is meant to overcome this challenge.

In summary, Valerie explained that there was a high level of satisfaction regarding the Community-based Health Initiative process. Nancy thanked everyone for their hard work throughout this process and moving forward.

### **Review Health Priorities Strategies**

Nancy reviewed the priority areas and allocation amounts approved by the Advisory Committee during the September 24<sup>th</sup> meeting. Currently, the Community Benefits team is working on the evidence-based Health Priorities Strategy form that will be submitted to the Department of Public Health for approval. Nancy gave a brief overview of the Health Priority strategy form. She highlighted that the form requires BIDMC to provide evidence-based information on the impact of the health priorities and health outcomes, justification for how each strategy will be integrated into the community, anticipated reach, population impacted, political and community will, and inequities the strategy is aiming to address. The strategies that are selected also need to align with the Determination of Need Health priorities. Additionally, the Department of Public Health is looking for innovative strategies and to leverage community support.

Nancy reviewed the health strategies selected with the Advisory Committee.

## **Housing**

Nancy reminded the Advisory Committee that 40% of the Community-based Health Initiatives funds were allocated to housing, and then divided among three sub-priorities; 40% to homelessness, 20% to home ownership, and 40% to rental assistance. Nancy identified the strategies selected and gave a brief explanation on the goal of each strategy.

### Homelessness

- **Housing First:** Rapid access to permanent housing, without a pre-condition of treatment, along with supportive services
- **Services assisting people experiencing homelessness:** Providing trauma-informed care and support
- **Driving public policies to prevent or reduce homelessness:** This may include support for evidence-based policies such as inclusionary zoning

### Home Ownership

- **Down payment assistance/home ownership education:** Monetary assistance for down payments for low-income first-time home buyers; to be paid back upon refinance or sale of the property
- **Zero and/or low-interest home loans:** Support for Housing Trust and/or Equity Funds that assist racially and ethnically diverse low income homebuyers, and non-profit housing developers
- **Foreclosure prevention:** Assistance to prevent foreclosures in neighborhoods hurt by gentrification and displacement (e.g. counseling programs)

### Rental Assistance

- **Flexible rental assistance:** Providing funds to assist in maintaining housing stability and/or to attaining stable affordable housing (e.g. first and last month's rent)
- **Eviction prevention:** Increasing access to legal services and eviction prevention programs

Nancy then asked if there were any questions or comments. One member of the Advisory Committee highlighted that there are many housing programs happening in Boston and that it will be important to identify how BIDMC can effectively support existing programs. Another member noted that RAFT funds can be depleted quickly and that BIDMC would need to be

aware of that. Nancy agreed and explained that BIDMC intends to support existing and new programs, with the ultimate goal of breaking the cycle of poverty.

### **Jobs and Financial Security**

Nancy reminded the Advisory Committee that 30% of the CHI funds were allocated to Jobs and Financial Security, and then divided among three sub-priorities; 85% to Education/Workforce Development, 10% to employment opportunities, and 5% to Income/Financial support. Nancy identified the strategies selected and gave a brief explanation on the goal of each strategy.

#### Education/Workforce Development

- **Adult vocational training:** Education and certification programs to support acquisition of job-specific and soft skills/job readiness skills
- **Sector-based workforce initiatives:** Industry-focused education and job training based on the needs of regional employers within specific industry sectors
- **Labor/workforce exchange:** Career guidance and navigation support to individuals who would like to or need to switch careers (e.g. one-stop career centers)

#### Employment Opportunities

- **Transitional jobs:** Time-limited, subsidized, paid jobs intended to provide a bridge to unsubsidized employment.
- **Summer youth employment:** Short-term jobs for youth, usually 14-24 years old.
- **Flexible access to capital for small businesses:** Low-interest loans or small grants to minority and women-owned small businesses

#### Income/Financial Support

- **Enhancing economic security and wealth accumulation:** Resources and support aimed at increasing economic security and wealth accumulation (e.g. financial coaching, savings vehicles, etc.). Specifically meant to address the wealth gap

Nancy then asked if there were any questions or comments. One member of the Advisory Committee recommended moving Summer Youth Employment to education/workforce development because it is an important priority to address. In addition, another member recommended removing the term 'summer' from youth employment since youth need jobs year-round. The Advisory Committee agreed with the changes and Nancy said that the Community Benefits team will adjust those strategies.

### **Behavioral Health**

Nancy reminded the Advisory Committee that 15% of the CHI funds were allocated to Behavioral Health, and then divided equally between mental health and substance use. Nancy explained that the strategies for mental health and substance use are interrelated, and that the BIDMC Community Benefits team and Allocation Committee will work towards ensuring both priorities are addressed equally. Nancy identified the strategies selected and gave a brief explanation of the goal of the strategy.

#### Mental Health and Substance Use

- **Building provider capacity:** Increase and strengthen the behavioral health workforce. Example evidence-based programs are:
  - Increasing access to medication-assisted treatment (MAT)
  - Supporting the use of telehealth to improve access to behavioral health services
  - Supporting the integration of behavioral health into primary care (Nancy explained that this is currently under review because of the potential overlap between this strategy and the conditions of the merger between Beth Israel Deaconess and Lahey Health)
- **Building community capacity:** Increase and strengthen the community's capacity to bring behavioral health interventions into the community. Examples of evidence-based programs are:
  - Supporting the training and deployment of community health workers (CHWs)
  - Supporting school-based mental health services
  - Supporting Mental Health First Aid trainings, which can aid community members in recognizing signs of mental illness
  - Supporting peer-to-peer support programs
- **Increasing education to reduce stigma:** Increasing the communities' knowledge about behavioral health to reduce stigma and increase utilization of behavioral health care through training and dialogue

Nancy then asked if there were any questions or comments. One member mentioned that they hoped the Primary Care Integration strategy was not too prescriptive. Nancy explained that Beth Israel Lahey Health is required to study the feasibility of expanding the IMPACT Model to the Community Care Alliance health centers. Nancy explained that the IMPACT Model may not be the appropriate model for this strategy, but integrating behavioral health into primary care is a critical strategy to increase behavioral health access into the community. One member highlighted that behavioral health significantly overlaps with housing and asked if there was a plan to address that. Nancy explained that BIDMC wants to work across all three priority areas to think holistically when awarding funds.

## **Healthy Neighborhoods**

Nancy reminded the Advisory Committee that 15% of the CHI funds were allocated to Healthy Neighborhoods, and the sub-priorities and strategies will be determined by community-led/drive efforts by each neighborhood. This strategy is aimed at addressing the unique priorities that each neighborhood faces.

Each neighborhood would define their priority population, decide on an evidence-informed or evidence-based strategy, and demonstrate community support for the proposed plan. Additionally, neighborhoods will need to address one or more of the DoN Health priorities: Social Environment, Built Environment, Housing, Violence and Trauma, Employment, and Education. BIDMC plans to start with one neighborhood in order to facilitate a continual learning process to identify best practices and mitigate any challenges. Key Informant interviews are underway to help identify key stakeholders in each neighborhood.

## **Stakeholder Forms**

Alec reminded the Advisory Committee that at the July 23<sup>rd</sup> meeting, the BIDMC Radiology Department presented on the new CT scanner BIDMC needs. The new CT scanner requires BIDMC to complete a Determination of Need (DoN) process, which will then provide funds that will ideally be rolled into the Community-based Health Initiative funding. This will be filed with the Department of Public Health within the next 8 to 12 weeks. As a part of the application, BIDMC Advisory Committee members are requested to fill out a Stakeholder Assessment, the same one Advisory Committee members filled out the prior year for the New Inpatient Building DoN. Nancy asked members to notify the Community Benefits team when they submit the form and have the option of sending the Community Benefits team the form, but it is not required. One member asked if BIDMC staff needed to fill it out. Nancy explained that this form is only for voting members of the committee.

Nancy then went over the Attorney General Community Representative Feedback form. The Advisory Committee members were engaged and involved throughout BIDMC Community Health Needs Assessment. As such, they are asked to fill out this form.

Nancy explained that if there are any questions, members can reach out to the Community Benefits team. Nancy mentioned that after the meeting the Community Benefits team will also send both forms to the Advisory Committee.

### **Adjourn**

Alec thanked the public for joining and also thanked the committee for their dedication. He reminded everyone that the next Advisory Committee meeting will be held on January 28<sup>th</sup>.